

Application for 2011 Oral Examinations: Part III

For ABMP Headquarters Office use only:

Received: _____ ID #: _____
Status: New [] Transfer In [] FEES OK? _____ Correspondence: H / W
Re-Take [] Re-Take Condition []

The **Medical Health Physics** oral examinations will be held on May 21 at the Baltimore-Washington Airport Hilton Hotel

Applications for the MHP exam must be received no later than **MARCH 1, 2011**.

***The **Magnetic Resonance Imaging Physics** oral examinations will be held on May 7-8 in conjunction with the AAPM meeting in Montreal, Canada ***

Applications for the MRI Physics exam must be received no later than **MARCH 1, 2011**.

Please read ABMP Information Booklet which can be viewed at the ABMP web site.

Mark the boxes of the examination(s) you wish to apply for now:

- | | | |
|---------------------------------|--|--|
| Please check one specialty box: | <ul style="list-style-type: none">• Part III, Medical Health Physics (Baltimore, May 21) []• Part III, MRI Physics (Montreal, May 7-8) [] | |
| | OR | |
| | <ul style="list-style-type: none">• Part III, MRI Physics (Vancouver, July 30-31) [] | |

Have you taken the above marked ABMP Oral Examination Before? [] Yes [] No

If yes, then provide the date(s): _____

If yes, then is the application for: Full Exam [] Conditioned Exam []

Personal Data: Do you wish to receive mail at your: HOME [] WORK [] address?

Last name and Suffix: _____

First name and M.I.: _____

Contact Phone # & Extension: _____

FAX number (optional): _____

E-mail: _____

Home Address: _____

City _____ State _____ Zip _____

The American Board of Medical Physics (ABMP), Inc.

P.O. Box 487, Barker, TX, 77413; Phone: (281) 944-9482; FAX: 866-861-8280 (toll free)

Current Employer: _____

Home Address: _____

City _____ State _____ Zip _____

Job Title: _____

Date Employment Began at this Location: _____

Provide the following information.

Education: Highest Degree (check one) [Major Field, Institution and Year Awarded]

M.S. Major: _____ Year: _____

Institution: _____

Doctoral Major: _____ Year: _____

Type: _____ Institution: _____

Important: Order an official transcript of your degree(s) to be sent to ABMP from your University
(Please refer to the Information Booklet under "Eligibility Requirements" for the appropriate degrees required)

Clinical Medical Physics Experience and/or MRI Science on Human Subjects.

Years of clinical medical physics or human research experience (post-degree): _____

Employment History:

(A) Past Employer: _____

Address: _____

Job Title: _____

Dates of Employment: _____

(B) Past Employer: _____

Address: _____

Job Title: _____

Dates of Employment: _____

** Indicate any of the following organizations that you currently are a full member of:

_____ AAPM _____ HPS _____ AAHP _____ ISMRM _____ CCPM _____ ACMP

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Professional References (required for candidates taking the full examination for the first time):

Important: Letters of endorsement should be mailed directly from the references to the ABMP. The letters should clearly specify their knowledge of your clinical and/or human research professional experience. The references should be asked to send the letters **within two weeks** of mailing the application. The application shall be considered incomplete if these letters are not received by **MARCH 1, 2011** for Medical Health Physics and Magnetic Resonance. If received later, the late fee will be assessed.

Certified Physician: _____ Certifying Board: _____

Address: _____

Certified Medical Physicist or MRI Scientist: _____ Certifying Board: _____

Address: _____

FEES: (check one)

Part III FULL / REPEAT [] (\$400.00)

Part III CONDITION [] (\$200.00)

LATE FEE [] (\$100.00)

Total Enclosed: _____

Enclose a Check or Money Order,
payable in US Funds to:

American Board of Medical Physics, Inc.

The deadline for receipt of the application for the **Medical Health Physics** test is **MARCH 1, 2011**.
There will be a late fee of \$100 for applications received after March 1.

The deadline for receipt of the application for the **MRI Physics** is **MARCH 1, 2010**.
There will be a late fee of \$100 for applications received after March 1.

Applications received after April 1, 2011 WILL NOT BE ACCEPTED for the exams

Mail this form, supporting documentation and fees to:

ABMP Exam, P.O. Box 487, Barker, TX, 77413

Agreement

I recognize the American Board of Medical Physics (ABMP), Inc., as the sole and only judge of my qualifications to sit for the examinations conducted by the ABMP, and I agree to hold harmless, individually and collectively, the Directors and appointed examiners of the ABMP for any decision or action pursuant to their duties in connection with this application or for the failure of the ABMP to issue me a certificate.

Signature of applicant

Date